



UNIVERSITY CHRISTIAN HIGH SCHOOL

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uchshigh.com

2021-2022 COVID-19: SCHOOL ATTENDANCE ACKNOWLEDGEMENT AND DISCLOSURE FOR STUDENT FAMILIES

Please read and initial each statement below. This should be initialed and signed by BOTH parents and/or guardians.

1. _____ I/My Child understand that to enter upon the facility premises my child must be free from Covid-19 symptoms. If during the course of the day, any of the following symptoms appear, my child will be located in a special quarantine area. I will be contacted, and my child MUST be picked up from the campus as soon as possible.

Symptoms include:

- fever of 100.4 degrees Fahrenheit or higher
- cough (or a change in cough for those with allergies or asthma)
- shortness of breath
- diarrhea or vomiting
- loss of taste or smell
- sore throat
- new onset of severe headache, especially with a fever

While Administration understands that many of these symptoms can also be related to non-Covid-19 related issues, we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected, so please take them seriously and refer to UCHS Protocols for Covid-19 (posted on www.uchigh.com).

2. _____ I will immediately notify the School Office if I become aware of my child's exposure to another person who has been advised to self-isolate, quarantine, or has tested or is presumed positive for Covid-19.
3. _____ I understand if my child is not fully vaccinated, wearing a mask will decrease the possibility of contracting Covid-19 or a variant. Wearing a mask may keep my child from being quarantined if exposed.
4. _____ I/My Child understand that the facility has adopted cleaning procedures, and he/she will comply with and complete all required cleaning and disinfecting tasks.

5. _____ My Child will wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
6. _____ I/My Child understand that while attending school each day my child will be in contact with children, families, and school staff who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to Covid-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I/My Child understand that we play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
6. _____ I/My Child understand that UCHS Covid protocols may change as the Covid-19 situation evolves.

I/We certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by School Administration will result in disciplinary action up to and including termination.

Child's Name

Grade

Parent/Guardian Signature

Parent/Guardian Signature